

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

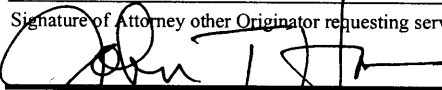
PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER <b>3:06CV53-MHT</b>
DEFENDANT TEN FIREARMS AND VARIOUS AMMUNITION	TYPE OF PROCESS COMPLAINT/NOTICE/WARRANT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>NEW ENGLAND, Model Pardner-Model SBI (12 GAUGE Shotgun, SN: NH506837)</b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>C/O ATF&amp;E</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  UNITED STATES ATTORNEY OFFICE JOHN T. HARMON, AUSA P. O. BOX 197 MONTGOMERY AL 36101-0197	Number of process to be served with this Form 285 <b>3</b>
	Number of parties to be served in this case 1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

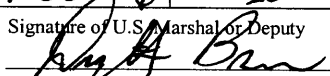
Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 01/13/06
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <b>RETURNED AND FILED</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)  JAN 0 2006	Date 1-30-06 Time 10:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy 

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
			CLERK U. S. DISTRICT COURT MIDDLE DIST. OF ALA.		

REMARKS:

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER <b>3:06 CV 53 MHT</b>
DEFENDANT TEN FIREARMS AND VARIOUS AMMUNITION	TYPE OF PROCESS COMPLAINT/NOTICE/WARRANT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> { <b>ARMSCORP OF THE PHILIPPINES (SQUIRES BINGHAM), Model 20 (22 Caliber) Rifle, SN: 251075</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>C/O ATF&amp;E</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

UNITED STATES ATTORNEY OFFICE  
JOHN T. HARMON, AUSA  
P. O. BOX 197  
MONTGOMERY AL 36101-0197

Number of process to be served with this Form 285

**3**

Number of parties to be served in this case

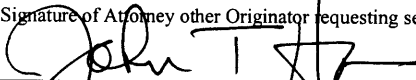
**1**

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 01/13/06
---	---	------------------------------------	------------------

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
---	------------------------	---------------------------------	--------------------------------	---	---------------

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

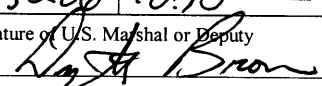
Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

**RETURNED AND FILED**

Date  
**1-30-06** Time  
**10:10** ☒ am ☐ pm

Signature of U.S. Marshal or Deputy  


**JAN 0 2006**

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

**CLERK  
U. S. DISTRICT COURT  
MIDDLE DIST. OF ALA.**

REMARKS:

PRIOR EDITIONS  
MAY BE USED

**PRINT 5 COPIES:**

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

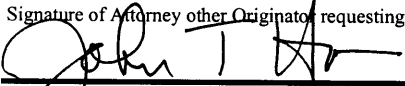
PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER <b>3:06 CV 53-MHT</b>
DEFENDANT TEN FIREARMS AND VARIOUS AMMUNITION	TYPE OF PROCESS COMPLAINT/NOTICE/WARRANT
<b>SERVE AT</b> { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MARLIN FIREARMS COMPANY, Model 336RC (30-30 Caliber) Rifle, SN: P7119 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) C/O ATF&E	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <b>3</b>
UNITED STATES ATTORNEY OFFICE JOHN T. HARMON, AUSA P. O. BOX 197 MONTGOMERY AL 36101-0197	Number of parties to be served in this case 1
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

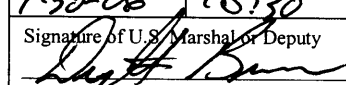
Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 01/3/06
---	---	------------------------------------	-----------------

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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<b>RETURNED AND FILED</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <b>JAN 0 2006</b>	Time <b>1:30-06 10:30</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy 		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	U.S. DISTRICT COURT MIDDLE DIST. OF ALA.	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER <b>3:06 cv 53-MHT</b>
DEFENDANT TEN FIREARMS AND VARIOUS AMMUNITION	TYPE OF PROCESS COMPLAINT/NOTICE/WARRANT

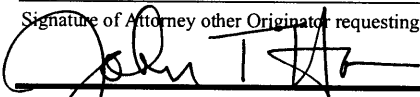
**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**AT** { REMINGTON ARMS COMPANY, INC., Model 511 (22 Caliber) Rifle  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 C/O ATF&E

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	<b>3</b>
UNITED STATES ATTORNEY OFFICE JOHN T. HARMON, AUSA P. O. BOX 197 MONTGOMERY AL 36101-0197	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 01/13/06
---	---	------------------------------------	------------------

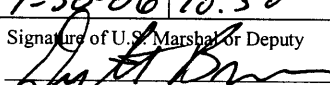
## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
--	--

Address (complete only different than shown above)	Date	Time
	<b>JAN 0 2006</b>	<b>10:30</b>
	Signature of U.S. Marshal or Deputy 	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER <b>3:06 CV 53 MHT</b>
DEFENDANT TEN FIREARMS AND VARIOUS AMMUNITION	TYPE OF PROCESS COMPLAINT/NOTICE/WARRANT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> { <b>SAVAGE ARMS INC., Model 77C (12 Gauge Caliber) Shotgun</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>C/O ATF&amp;E</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

UNITED STATES ATTORNEY OFFICE  
JOHN T. HARMON, AUSA  
P. O. BOX 197  
MONTGOMERY AL 36101-0197

Number of process to be served with this Form 285

**3**

Number of parties to be served in this case

1

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(334) 223-7280

DATE

01/30/06

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.  
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. \_\_\_\_\_

District to Serve

No. \_\_\_\_\_

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

JAN 30 2006

Date

1-30-06

Time

10:30

☒ am  
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors

Forwarding Fee

U.S. DISTRICT COURT  
MIDDLE DIST. OF ALA.

Advance Deposits

Amount owed to U.S. Marshal\* or (Amount of Refund\*)

REMARKS:

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MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285

Rev. 12/15/80

Automated 01/00

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER <b>3:06CV53-MHT</b>
DEFENDANT TEN FIREARMS AND VARIOUS AMMUNITION	TYPE OF PROCESS COMPLAINT/NOTICE/WARRANT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> { <b>WINCHESTER, Model 37 (410 Gauge) Shotgun</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>C/O ATF&amp;E</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

UNITED STATES ATTORNEY OFFICE  
JOHN T. HARMON, AUSA  
P. O. BOX 197  
MONTGOMERY AL 36101-0197

Number of process to be served with this Form 285

**3**

Number of parties to be served in this case

**1**

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

(334) 223-7280

DATE

01/13/06

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

**JAN 0 2006**

Date

Time

☒ am  
☐ pm

Signature of U.S. Marshal or Deputy

*[Signature]*

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

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PRINT 5 COPIES:

1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285

Rev. 12/15/80

Automated 01/00



U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

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PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER <b>3:06CV53-MHT</b>
DEFENDANT TEN FIREARMS AND VARIOUS AMMUNITION	TYPE OF PROCESS COMPLAINT/NOTICE/WARRANT

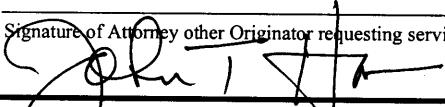
**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**SAVAGE ARMS INC., Model 87A (22 Caliber) Rifle**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**C/O ATF&E**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  UNITED STATES ATTORNEY OFFICE JOHN T. HARMON, AUSA P. O. BOX 197 MONTGOMERY AL 36101-0197	Number of process to be served with this Form 285	<b>3</b>
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

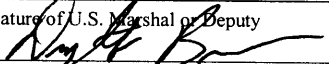
Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 01/13/06
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		No. _____	No. _____		

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<div style="text-align: center;"> <b>RETURNED AND FILED</b>   <b>JAN 30 2006</b> </div>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)		Date <b>1-30-06</b> Time <b>10:30</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy 

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
			CLERK U. S. DISTRICT COURT MIDDLE DIST. OF ALA.		

REMARKS:

PRIOR EDITIONS  
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4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
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FORM USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

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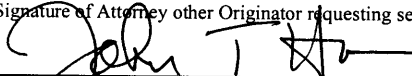
PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER <b>3:06 CV 53-MHT</b>
DEFENDANT TEN FIREARMS AND VARIOUS AMMUNITION	TYPE OF PROCESS COMPLAINT/NOTICE/WARRANT
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>SERVE AT</b> { <b>RANGER ARMS, INC., Model Precision 1043 (12 GAUGE Caliber) Shotgun, SN: 168000</b> ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>C/O ATF&amp;E</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  UNITED STATES ATTORNEY OFFICE JOHN T. HARMON, AUSA P. O. BOX 197 MONTGOMERY AL 36101-0197	Number of process to be served with this Form 285	<b>3</b>
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

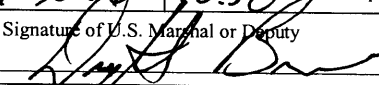
Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 01/3/06
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<b>RETURNED AND FILED</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	<b>JAN 0 2006</b>	Date <b>1-30-06</b> Time <b>10:30</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy 		

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
			<b>U.S. DISTRICT COURT MIDDLE DIST. OF ALA.</b>		

REMARKS:

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00



U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

PLAINTIFF UNITED STATES OF AMERICA	COURT CASE NUMBER <b>3:06CV53-MHT</b>
DEFENDANT TEN FIREARMS AND VARIOUS AMMUNITION	TYPE OF PROCESS COMPLAINT/NOTICE/WARRANT

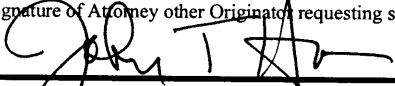
**SERVE AT** { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
WINCHESTER, Model 94 (30-30 Caliber) Rifle, SN: 3816832  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
C/O ATF&E

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  UNITED STATES ATTORNEY OFFICE JOHN T. HARMON, AUSA P. O. BOX 197 MONTGOMERY AL 36101-0197	Number of process to be served with this Form 285	<b>3</b>
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

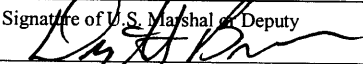
Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 01/13/06
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<b>RETURNED AND FILED</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)		Date 1-30-06 Time 10:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
CLERK U.S. DISTRICT COURT MIDDLE DIST. OF ALA.		Signature of U.S. Marshal or Deputy 

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

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2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

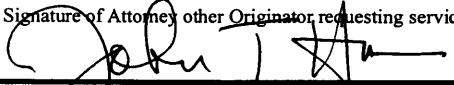
PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER <b>3:06CV53-MHT</b>
DEFENDANT TEN FIREARMS AND VARIOUS AMMUNITION		TYPE OF PROCESS COMPLAINT/NOTICE/WARRANT
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>GAUGE</b> <b>MOSSBERT, Model 500 E (410 Gauge) Shotgun, SN: P799115</b>	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>C/O ATF&amp;E</b>	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 <b>3</b>
UNITED STATES ATTORNEY OFFICE JOHN T. HARMON, AUSA P. O. BOX 197 MONTGOMERY AL 36101-0197	Number of parties to be served in this case <b>1</b>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

Fold

Fold


Signature of Attorney or other Originator, requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 01/13/06
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <b>RETURNED AND FILED</b>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above) <b>JAN 10 2006</b>	Date <b>1-30-06</b> Time <b>10:30</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy 	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRIOR EDITIONS  
MAY BE USED

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3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

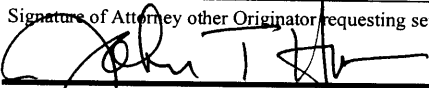
PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER <b>3:06CV53-MHT</b>
DEFENDANT TEN FIREARMS AND VARIOUS AMMUNITION		TYPE OF PROCESS COMPLAINT/NOTICE/WARRANT
<b>SERVE AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	1 Each Unknown Manufactured Assorted Ammunition Rounds (102 ROUNDS)	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	C/O ATF&E	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  UNITED STATES ATTORNEY OFFICE JOHN T. HARMON, AUSA P. O. BOX 197 MONTGOMERY AL 36101-0197	Number of process to be served with this Form 285	<b>3</b>
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

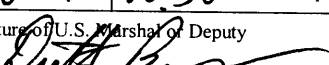
Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER (334) 223-7280	DATE 01/13/06
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (if not shown above)	<b>RETURNED AND FILED</b>		<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <b>JAN 0 2006</b>	Time <b>1-30-06 10:30</b>	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy 		

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	CLERK U.S. DISTRICT COURT MIDDLE DIST. OF ALA.	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

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Automated 01/00